	PATEN	T APPLICATI	ON FEE (	DETERMIN		* * * * * * * * * * * * * * * * * * * *	•	Acc	cellon or Dock	MO control mu
		Substitute for Form PTO-875 Effective December 8, 2004								617
	APPLICATION AS FILED - PART I					•				1//
	FOR	(Column I)		(Calumn 2)		SMALL ENTITY		OR .	SMA	ER THAN
	BASIC FEE	MUMBERFLE	°   '	HAUMBER ERIRA NIA NIA NIIA drawings exceed 100		RATEIN	FEE (1)		RATE (1)	(EE)
	SEARCH FEE DI GER 1 10(4), (1), or (m)	N/A				NA	\$250		MIA	300.0
	EXAMINATION FEE (37 CFR 3 30(a), (b), or (u)	NA				PUA		_	N/A	\$500
	TOTAL CLAIMS OF OFR 1 18(1)	16				NA	\$100	100 CR	NU	\$200
	INDEPENDENT CLAIMS	2	<b>10</b> • 10			X\$ 25 .			X\$50 .	
		If the specification				X100 .			X200	<del> </del>
	FEE THE BODY THE BODY			ileatha alas a				1 1	<del></del>	<del> </del>
	(3) OFR 1 16(0))	dditional 50 ahea	its or fraction	indity) for each radion thereof See w/ 37 CFR 1.16651			i	1 /		
		<u>≈0.3 C. (1</u> (1)(1	(U) end 37 (							
	MULTIPLE DEPENDENT CLAM PRESENT (I) O'R 1 16(8)					+180+		l t	+360-	<del> </del>
	APPLICATION AS AMENDED - PART II				TOTAL		L		<del> </del>	
								TOTAL	L	
-										
	1/ CLAIMS MICHELL			(Column ))		SMALL E	י אוווץ	OR	OTHER	THAN
	4 24 0 6 REMAIN	_	NUMBER	BER PRESENT	11.	LATE (1)	ADDI:	Γ	SMALLE	MITTY
	Z TOWN . MENDA	Q:NI	PAID FOR	FOR		1	MONAL FEE (S)	i	RATE (S)	ADOL- TIONAL
	2) () ( (A 1, (A-1)	Monus ·	20	. —	X	25	7	Y	\$50 _	FEE (I)
	N DI QUE I I I I I I	Minus	<u>े</u>		X	00	+-1	· -		
ľ						<del>-  </del> -		on  ^	200	
$\vdash$	FIRST PRESENTATION OF MATHER DEPENDENT CLAN (37 CFR 1 166)					80=	11	-	750	
	N/				101	<u>.                                    </u>	<del>-/-</del> -/	OR	360=	<i></i>
L	(Column )		ፈባብ	TITE	<del></del>		PLFEE	L		
٦	CLAIMS		(Column 2) (Column 3)						7	
È	SZA 6 REMAUTIN	1 1000	UMBER MOUSLY	PRESEUT EXTR4	RAT	E (S)	DDI.		TE (S)	
Ē	Total - AMEHOMEN		ID FOR		L		CHAL (Ex(S)	"		ADOI. TIONAL
NOMENTA	Of Cra Liggy		20		XS :		77	XSS	-1-	FEE (t)
AME	3	Minus	31	7	X10	0	<del>/                                    </del>	` <del> </del>		
₹	Application Size Fee (37 CFR 1,15(s))					-+-/	or	X20		
	FIRST PRESENTATION OF MATURE DEPENDENT CLAIM (DICTR 1 162)				+ 18	D=		+36		
				<del></del>	TOTAL		OR	Ь		
•	If the entry in column 1 is less the Trighest Number Previous	on the entry by and	ma 3		ADOL F	EE	OR	TOTAI ADO'l		
	I the "Highest Number Previous If the "Highest Number Previous	POW FOR IN THIS	SPACE 6 b;	in column 3 is then 20, enter	70"	***********			L	

The Highest Number Previously Pale For (Ideal or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the number for process) an application. Confidentiably is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to compute including gathering, preparing, and submitting the compilated application form to the USPTO. Time will vary depending upon the individual case. Any comments and the amount of time you require to complete this formand/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient of Trademark Office, U.S. Department of Comments. P.O. Box 1450, Alexandria, VA 22313-1450. CO NOT SEND FEES OR COMPLETED FORMS TO THIS UDDARESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

## Application or Docket Number 10/828617 PATENT APPLICATION FEE DETERMINATION RECORD 16295-1607 Effective October 1, 2003 606-06227 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE \_\_\_\_ OR SMALL ENTITY **TOTAL CLAIMS** RATE 20 FEE RATE FEE FOR OR BASIC FEE NUMBER FILED NUMBER EXTRA BASIC FEE 385.00 770.00 TOTAL CHARGEABLE CLAIMS minus 20= XS 9≖ X\$18= OR. INDEPENDENT CLAIMS minus 3 = X43= X86≈ OR MULTIPLE DEPENDENT CLAIM PRESENT +145= +290= OR \* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL フクク CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) SMALL ENTITY (Column 2) OR SMALL ENTITY (Column 3) CLAIMS HIGHEST ⋖ ADDI-REMAINING ADDI-NUMBER PRESENT AMENDMENT RATE TIONAL AFTER RATE TIONAL PREVIOUSLY **EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM. +145= +290= OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST 8 ADDI-REMAINING NUMBER ADDI-PRESENT ENDMENT RATE AFTER TIONAL **PREVIOUSLY** RATE TIONAL **EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= +290= OR OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ပ ADDI-REMAINING ADDI-NUMBER PRESENT AMENDMENT **AFTER** PREVIOUSLY RATE TIONAL RATE TIONAL EXTRA **AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X43= X86= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +145= +290= OR If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3,"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

ADDIT. FEE

OR

TOTAL

ADDIT. FEE